OFFICE OF THE BUILDING & ZONING OFFICIAL VOLUNTOWN, CT



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ZONING APPLICATION

Date of Submission:Application Fee: \$	
() Site Plan Approval() Special Exception() Home Business() Other	() Zoning Regulation Amendment() Zoning Map Amendment() Change of Use
Name of Applicant:Address:	
Name and Address of Property Owner (if diffe	erent from above):
Describe in detail what is being requested by t	this application: (Attach all plans & documentation)
Applicant Signature	Owner Signature (if different from Applicant)
Commission Action: Approved () Denied () Z.E.O. Action when Applicable: Approved () Denied ()	Date: Initialed: Date: